ROUTE: Prior to Monitoring   __Initial__   __Date__   __Initial__   __Date__

Letter & Monitor Form sent   _____   Nutrition Services   _____

Financial/Contract Services   _____   Farmers Market   _____

Retailer Services   _____   BF Coordinator Ser   _____

Computer Services   _____   Section Supervisor   _____

Administrative Services   _____

Agency: _____ **Monitoring Team:** _____

Clinic: _____ _____

Visit Date: _____ **Last Monitored:** _____

Local Agency Monitoring Worksheet
Program Administration and Management

Program Code:	
Agency Name:	
Address:	
Agency Director:	
Main Clinic Physical Location:	
Main Clinic Days Open:	
Main Clinic Office Hours:	

Main Clinic: Current Average Case Load		Main Clinic: Previous Average Case Load	

Satellite Clinic

Satellite Clinic Location:	
Satellite Clinic Days Open :	
Satellite Clinic Office Hours:	

Satellite Clinic: Current Average Case Load		Satellite Clinic: Previous Average Case Load	

☐Section 1. Contract/Financial Services   ☐Section 5. Nutrition Observation Form

☐Section 2. Retailer Services   ☐Section 6. Nutrition Chart Review

☐Section 3. Computer Services   ☐Section 7. Administrative Chart Review

☐Section 4. Clinic Observation Form

Section 1. Contract/Financial Services to be completed by State Contract Services Section

Contracts	Yes	No	Comments
Is a current signed contract on file?			
Are current signed satellite contracts on file?			
Are there subcontracts?			

Financial Management	Yes	No	Comments
Are expenditure reports submitted on time in accordance with negotiated contract?			
Are expenditure reports accurate?			

1. **Were any expenditure's since the last monitoring visit questionable? Describe:**

   _____

   _____

2. **List and attach copies of expenditure reports to be reviewed during this visit.**

   Month/Year_____

   Month/Year_____

   Monitoring Staff: Verify expenditures on the attached Expenditure Reports. Compare the Expenditure Reports to the source documentation. Trace a random selection of reported expenses back to the source documentation as listed below:

   a. Determine if the costs were necessary, reasonable and appropriate?

   b. Are any expenditures prior contract or fiscal year expenses?

   c. Is there written approval for acquisition of major purchases (if applicable)?

3. **Monitoring Staff: Review a random selection of time-sheet/payroll records for WIC personnel, full-time and part-time. Section 246.14©(1).**

   a. Are signed and dated time documents on file for WIC employees?

   b. Are employee time sheets appropriately charged to WIC services, are there any shared expenses?

   _____

   Signature   Date
   Contract Services Section

Section 2. Retailer Services completed by Retail Services Section.

Retailer Review

1. **List high-risk retailers (list how many on-site visits have been made to these stores 246.12(i)(l)). List any specific issued to address.**

    _____

    _____

    _____

2. **What problems are evident from benefits cashed? Describe:**

    _____

    _____

    _____

3. **The last issued retailer list was dated _____**

4. **The designated local agency retail coordinator is _____**

5. **Does the local agency retail coordinator (LARC) handle all complaints?**

    Main: ☐ Yes   ☐ No   Satellite: ☐ Yes   ☐ No

    Does the LARC have a retailer complaint file? (complaints about retailers)

    Main: ☐ Yes   ☐ No   Satellite: ☐ Yes   ☐ No

6. **Has the clinic reported any complaints from participants about their treatment by   area ood retailers? List and describe action taken.**

    _____

    _____

    Was a copy of the complaint forwarded to the State: ☐ Yes   ☐ No

7. **The following are recent participant complaints. Is any action documented in the participant file?**

    Main: _____

    _____

    Satellite: _____

    _____

Section 2. Retailer Section continued

8.   **What concerns does the local agency have about retailers?**

Main: _____

_____

Satellite: _____

_____

9.   **Has the State received any complaints from area retailers about participants? List.**

_____

_____

10.   **Has the clinic followed up on participant Fraud & Abuse?**

_____

_____

_____

Signature   Date
Retail Services Section

Section 3. Computer Services Section Monitoring team will get list of Agency employees and computer inventory.

System Access Security

1.   **Verify Agency WIC employees who have network access (Names and CS #'s). See attached State report. List exceptions.**

Name	CS #

2.   **Verify Computer Inventory (serial #'s and/or state ID's). See attached report. List   any differences.**

Item/State ID	Comment

Computer Security

1.   **Review WIC system access/rights screens.** (main/satellite)

2.   **Verify computer security.**

	Yes	No	Comments
Are computers located in a secure area which is locked during non-business hours?			Main: Satellite:
Are computer-servers routed through UPS?			Main: Satellite:

3.   **List any system concerns found as a result of problem resolutions (attach copy if necessary).**

CLINIC OBSERVATION FORM

Local Agency: _____   Reviewer: _____

Clinic Location: _____   Date: _____

Staff Observed: _____   _____

_____   _____

_____   _____

	Yes	No	N/A	Comments
Infrastructure				
Is the space adequate and appropriate for WIC Activities?				
Is the WIC clinic handicap accessible?				
Is there privacy for income/intake, counseling & screening?				
Are the doors locked? Who has the key?				
Are file cabinets locked? Who has the keys to the cabinets?				
Is the clinic clean, safe, and well maintained?				
Office Operations				
Are the office hours posted where participants can see them?				
Is an answering machine used? When/how often?				
Are the current State Plan, MSPIRIT Manuals and Federal Regulations easily accessible?				
Describe how your staff is kept current on State Plan and Procedural updates				
Is the Authorized Retailer List posted in a visible location? Where?				
Does the clinic have a "We Take WIC Checks/Benefits" sign posted?				
Are time studies submitted on time?				
Voter Registration				
Are there voter registration information/forms available?				
Is voter registration assistance offered to participants that are not registered to vote?				
Civil Rights/Fair Hearing				
Is a current Civil Rights poster displayed?				
Is a Fair Hearings poster displayed?				
Does the non-discrimination phrase appear on all distributed materials?				
Does the staff know the procedure for filing Civil Rights complaints?				
Have any complaints of Civil Rights violations been filed against the agency since the last monitoring visit?				
Records/Benefits Management				
Are all benefits accounted for?				
Have any records/benefits been disposed of during the current fiscal year?				

Were records/benefits disposed of according to the schedule in the State Plan?				
Is benefit stock stored in a secure area?				
Division of Duties				
Are instructions for the proper use for benefits reviewed with new participants? Who is responsible for this?				
Is the purpose of the WIC Program explained to new participants? Who is responsible for this?				
Do staff members review their rights/responsibilities with participants?				
Who is responsible for determination of?				
Nutritional Risk?				
Nutritional Assessment?				
Food Package Tailoring?				
Follow-up Counseling?				
Developing individual care plans?				
Printing participant benefits?				
Outreach				
Is there an approved Outreach Plan in place?				
Have you advertised/publicized program benefits in the past year? How?				
Are potential participants advised of program availability and eligibility standards? How?				
Are materials describing the WIC Program with current locations, hours and phone numbers provided to other agencies?				
Are the feeding practices recommended by allied medical staff consistent with practices currently used by WIC?				
Is local agency staff aware of any participants living in homeless facilities?				
Have you contacted homeless facilities/shelters and food banks to inform them of WIC Services? List any contacted.				
Were any assessments made of homeless facilities in your area? If so, obtain a copy of the assessment.				
Have you provided all potential referral sources with written outreach materials? When was this last done?				
Certification				
Is there privacy for income/intake, counseling and screening?				
During follow-up visits are participants asked for their ID packets before processing benefits?				
Does the clinic have a written policy for no-shows?				
Are high risk no-shows contacted for follow-up?				
Are certification no-shows contacted for follow-up?				
Is any WIC staff member or immediate family member also a WIC participant? How is certification and benefit issuance handled?				
Did staff review benefit package prior to issuing?				
Did participants review benefits prior to signing for them?				

Height/Weight/Blood				
Have scales been calibrated recently? Date?				
Is stature measuring board accurate and correctly mounted?				
Is length measuring board accurate and safely mounted?				
Is Hemocue clean? Date it was last calibrated?				

NUTRITION OBSERVATION FORM

Participant Name:_____   Participant ID#:_____

Participant DOB:_____

Participant Category: ___P ___B ___N ___I ___C   Type of Visit

Observed:_____

	Acceptable	Not Acceptable	N/A	Comments
Height/Weight/Blood				
Correct technique is used for obtaining height/length				
Correct technique is used for obtaining weight				
Correct technique is used for obtaining hemoglobin				
Sanitary techniques are used				
Growth/prenatal weight gain is discussed with the participant				
VENA Questions				
Questions are asked in an open-ended manner				
Probing ?'s are asked when needed to gather more information				
Any responses of concern are clarified and discussed				
Risk Factors				
Assigned risk factors are discussed with participant (at cert)				
Referrals				
Appropriate referrals are discussed with the participant				
Nutrition Education				
Educator establishes a positive environment for education				
Participant is allowed to direct the topic of education				
One or two concepts are presented				
Conversation is more of a discussion than a lesson				
Active listening/reflective listening skills are used				
Correct, up-to-date nutrition information is presented				
Participant is involved in goal setting				
If written materials are given, they are appropriate and explained				
Plan for future visit is discussed with participant				
Food Prescription				
WIC food package is explained to participant				
Follow-Up Visits				
Progress made towards previously established goal is discussed				
If infant, growth and feeding advancement are discussed				
If pregnant or BFing, breastfeeding is discussed				